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ABSTRACT

The purpose of this manual is to provide guidance to interested Maine communities, school officials, parents, students and health care providers in the development of School-Based Health Centers (SBHCs). The manual outlines the mission and goals of an SBHC and makes detailed suggestions on the structure of a community-based advisory council to guide center set-up and advocacy for community acceptance. The manual then details SBHC organizational structure and staffing, funding and operating budget, health services offered and site development, legal issues, and data collection, quality assurance, and evaluation. The manuals' ten appendices outline issues related to implementing SBHCs, including council membership, the role of a consultant, job descriptions and qualifications, the Maine statute on consent of minors for health services, school readiness for an SBHC, sample center floor plan, Maine SBHCs, and needs assessment data collection guidelines for SBHCs. A list of resources is included. (JPB)

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DEVELOPING A SCHOOL-BASED HEALTH CENTER

AN ASSISTANCE MANUAL

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Division of Community & Family Health

Revised August 1997

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SBHC MANUAL FEEDBACK QUESTIONNAIRE

Please take a few moments to answer the following questions regarding the usefulness of this manual for your SBHC proposal application. Your feedback will be extremely helpful for future revisions.

1) Which section of the manual is most helpful to you? Please circle appropriate section(s).
   a. Mission and Goals
   b. Structure of a Community-Based Advisory Council
   c. Organizational Structure and Staffing
   d. Funding and Operating Budget
   e. Health Services and Clinical Space
   f. Legal Issues
   g. Data Collection, Quality Assurance and Evaluation
   h. Appendix
   i. Resource List

Comments:_____
_____
_____

2) Is there an area not covered in the manual that would be helpful to you?
Yes _____ No _____
If yes, please comment:_____
_____
_____

3) Is there a section(s) of the manual that you feel needs to be expanded?
   Yes _____ No _____
   If yes, which section:_____
   Comments: _____
   _____
   _____

4) Please circle if any of the following would be more helpful to you in the development of your School-Based Health Center Program Proposal.
   a. More material presented in graphs.
   b. More statistical information regarding the health status of school-age children and adolescents.
   c. A more extensive resource list.
   d. Other:_____

5) OTHER COMMENTS:_____
   _____
   _____

THANK YOU FOR YOUR TIME AND COMMENTS. Please return this questionnaire to: Dept. of Human Services, Div. Of Community & Family Health, DeEtte Hall, Director, Teen & Young Adult Health Program, 11 State House Station, Augusta, Maine 04333-0011.

TABLE OF CONTENTS

		Page
I.	Introduction	1
II.	Mission and Goals of A School-Based Health Center	2
III.	Structure of a Community-Based Advisory Council	4
IV.	Organizational Structure and Staffing of a School-Based Health Center	5
V.	Funding and Operating Budget	7
VI.	Health Services and Center Space	10
VII.	Legal Issues	12
VIII.	Data Collection, Quality Assurance, and Evaluation	15
IX.	Appendixes	20
X.	Resource List	37

I. INTRODUCTION

The purpose of this manual is to provide guidance in the development of School-Based Health Centers (SBHCs) to interested Maine communities, school officials, parents, students and health care providers.

Since the 1800's schools have recognized the important link between health and education. Only a healthy child may take full advantage of educational opportunities. School health spans three important areas of the society and culture which impact school-age children and adolescents: the family, the educational system and the community. School-Based Health Centers offered the bridge which connects these areas in a coordinated, cooperative and collaborative way. They reduce the barriers to learning. The first SBHC opened in 1970 in a Dallas Texas high school. Currently, an estimated 900 SBHCs are located throughout the country. They exist in urban and rural elementary, middle, junior, and senior high schools.

School-Based Health Centers provide diagnosis, treatment and resolution of health problems. They make referrals to physicians and other community health providers. School-Based Health Centers are located in or adjacent to schools. These centers provide a variety of health and social services to students as a part of the school day. The goal of SBHCs is to improve and enhance the physical and emotional health of students. SBHCs are designed to meet the needs of the students in each community. These services are determined through questioning students about their health care needs and reviewing data on the health status indicators of this population. The majority of SBHCs are staffed by nurse practitioners or physician assistants and social workers or counselors. Physicians are employed to provide medical direction for the center. Students are encouraged to discuss their health concerns with their parents and all SBHCs require written consent of parents before students are eligible to receive care.

School-Based Health Centers are started as a result of a local community's recognition of the health care needs of it's school-age population. An advisory group is formed and a strategic plan is developed which includes a SBHC. A SBHC must be organized with strong community support and involvement. Only with local school board approval can a SBHC be opened.

II. MISSION AND GOALS OF A SCHOOL-BASED HEALTH CENTER

Mission: To improve the health and well being of students within the context of their families and to maximize their potential through the provision of accessible, comprehensive, coordinated and integrated preventive health/education and primary care services in school systems.

Goal One: To establish strong community, school, and parent support and involvement in the development of a school-based health center.

Objective: Develop a Community Health Advisory Council with youth involvement and representing key stakeholders (see appendix F for key indicator questions regarding school/community readiness for a School-Based Health Center)

Goal Two: To assess and evaluate the health care needs of the students and community readiness for a SBHC.

Objective One: Develop a method to obtain student baseline data such as a school health survey tool or focus groups.

Objective Two: Develop a method to assess community readiness (ex. focus groups or survey.)

Objective Three: Administer the tools to each student.

Objective Four: Obtain data from the Department of Human Services Division of Community & Family Health regarding statewide data on the health status of school-age children.

Objective Five: Develop a descriptive profile of student health needs and community readiness.

Objective Six: Incorporate findings into an overall plan for meeting student health needs.

Objective Seven: Conduct community education to create public awareness of center.

Goal Three: To coordinate a delivery of comprehensive primary health care, including behavioral health within an educational framework and school setting.

Objective One: Meet with designated members of the school department to plan, implement and evaluate delivery and coordination of health care services within a school setting.

Objective Two: Meet the space requirements within the school building that provide an easily accessible confidential clinical area.

Objective Three: Develop a core set of health and social services to be offered based upon student needs, funding, staffing, and community acceptance.

Objective Four: Obtain/establish protocols agreed upon by staff and medical director.

Objective Five: Establish linkages with other agencies serving young people.

Objective Six: Coordinate procedures for making referrals to other agencies.

Goal Four: To monitor the health care provided to students.

Objective One: Develop a quality assurance program and tracking program of health care services provided to students.

Objective Two: Identify a computer software that will assist in tracking and monitoring services.

Goal Five: To evaluate the health status of students by specific outcome criteria.

Objective One: Develop specific performance outcome measures to assess the health status of students and effectiveness of services.

Objective Two: Determine how often evaluations are conducted.

Goal Six: To establish ongoing funding source for the Center.

Objective One: Determine ongoing financial needs

Objective Two: Develop reimbursable relationships with third party reimbursers.

Objective Three: Explore other possible funding sources.

III. STRUCTURE OF A COMMUNITY-BASED ADVISORY COUNCIL

A key component to starting a SBHC is a strong broad-based community advisory council. This council provides the initial guidance to the center set-up and advocacy for community acceptance. It is critical to the center's survival when there is opposition, controversy or funding difficulties.

The Goal of the Advisory Council is to:

Promote the health of all school-age children through a community-wide coalition.

The Role of the Council is to:

* Set Policy
* Planning
* Prepare for Opposition
* Identify Resources
* Raise Funds
* Promote Community Awareness and Education about SBHCs
* Generate Community Support

Suggested Council Activities:

* Develop Mission & Goals
* Define Organizational Structure of the Council
* Develop Objectives and Activities for the Council
* Identify Priority Area Committees for: Finance, Grants Writing, Negotiation of Center Space, Staffing
* Refine Purpose and Goals
* Recruit New Members
* Establish lines of communication with the sponsoring agency.

The following three questions will guide the membership of the Advisory Council:

1) Who are the consumer and provider groups in the community that will be affected by the SBHC directly?

2) What kind of special skills will be necessary to explore programmatic issues for implementing a SBHC?

3) What community groups or individuals will have the special clout needed to guarantee community support for the SBHC?

IV. ORGANIZATIONAL STRUCTURE AND STAFFING OF A SCHOOL-BASED HEALTH CENTER

Organizational Structure:

Nationally, a wide variety of organizations have recognized the unmet needs of school-age students by establishing and operating SBHCs. The primary administrative organizational structure of the administrative unit is a medical provider (hospital, rural health center, etc.)

The organizational structure of a SBHC chosen by the advisory council is dependent on the community's uniqueness. The strengths of choosing an outside agency to provide the health care services in the school are: 1) Their expertise in providing health care services. 2)Their established link with third party payers (i.e., private insurance companies, Medicaid). 3) Year round, 24-hour health care coverage for students.

The primary medical provider may also contract with a mental health provider for behavioral health services.

The potential liability with the choice of an outside agency is it may limit the voice of the advisory council in the operation of the center.

Suggested Staffing:

A multidisciplinary team of professionals will meet the variety of different student needs by virtue of their various expertise. They work together to provide a holistic, integrated approach to each student. Staffing is dependent on the size of the school and funding. A minimal staff would include a:

- Nurse Practitioner/Physician Assistant
- Physician Medical Director
- Counselor or Social Worker
- Clerical Support

Other health and social service workers that staff SBHCs include:

- Director or Center Manager*
- Substance Abuse Counselor
- Health Educator
- Nutritionist
- Receptionist
- Center Assistant
- Dentist
- Psychologist

(*This position could be assumed by existing School Nurse, if appropriate.)

The School Nurse (if present) plays a vital role by linking the SBHC staff and students. As this liaison, the School Nurse is a resource of information about the school staff, teachers, students, parents, and community services. The School Nurse refers students to the center, participates in center staff meetings and case conferences, serves on the advisory council and assists in program development.

See Appendix B for sample job descriptions and qualifications.

Structure within School Settings

It is encouraged that SBHCs be housed together with school nursing. Benefits include the development of a strong working relationship with school nursing. The increased comfort level of student visits to nurses is transferred to clinical services. Increased communication and coordination of health activities occur between clinical staff and school nursing.

V. FUNDING AND OPERATING BUDGET

The funding mix for SBHCs has been from both public and private sources.

General Guidelines for Funding a School-Based Health Center.

1) Identify possible funding sources and make preliminary contact.
2) Develop a 2-5 year budget plan to obtain multi-year funding.
3) Identify in-kind support from local agencies.
4) Determine marketing strategies to obtain funding (Example: The SBHC will save resources in the long run by reducing emergency health care.)
5) KEY - Mainstream funding mechanisms and link access to traditional payment sources, such as Medicaid and private insurance companies.

Components of A School-Based Health Center Budget:

Operating Expenses

Capital Expenses
These include one-time start-up costs of opening a center site. They include architectural plans, renovation costs, equipment, furniture and other non-expendable items costing greater than $500.00. NOTE: Federal funds for renovations is non-allowable.

Salaries, Benefits and Taxes
Covers center staffing and fringe calculation.

Professional Fees/Contracts
Refers to contracts and fees for a physician consultant, behavioral services staff, substance abuse counselor, data entry, *etc.*

Occupancy
Space rented for center and other fixed expenses. This is usually provided as "in-kind" by school system.

Office Expense
Chart forms, charts, prescription blanks, paper, pens, and postage.

Printing and Publications
Pamphlets, flyers, posters, letterhead, etc.

Medical Supplies
Table paper, urine cups, gowns and drape sheets, pregnancy tests, microscope slides, etc. Budget these items based on anticipated number of yearly clinic visits.

Medications

Stocked medications such as antibiotics, eye drops, etc., for those students who have neither funds or insurance.

Travel/Conferences/Meetings
Registration and travel expenses for meetings related to the program. Example: educational conference.

Special Services to Students
Payments for laboratory work, as well as any other diagnostic work for students who have neither funds or insurance.

Administrative Allocation
Costs that are not directly attributed to the center operation.

Equipment:
Computer, printer, exam table, chairs, desk, lamps, lab equipment.

Operating Revenue

1) Grants
   a) Government (State and/or Federal Block Grants)
   b) Foundations
   c) Corporate
2) Contracts
3) Client fees
4) In-kind agency resources
5) Third party payment and Medicaid
6) Managed care

Public Funding Programs (examples)

- Medicaid
- EPSDT (Early, Periodic Screening, Diagnosis and Treatment)
- Maternal & Child Health Block Grants
- Title X (Federal Family Planning Funds)
- Community Health Agencies
- State Legislative Appropriations (general funds)

Private Foundations (examples)

- Carnegie Corporation of New York, New York
- The Ford Foundation
- The Educational Foundation of America

Check with University of Southern Maine for possible funding sources.

VI. HEALTH SERVICES AND CENTER SPACE

Health Services:

The range of services offered by the SBHC is determined by the school health survey on focus groups of the students and the health status indicators of this school-age population.

Suggested List of Possible Health Services

- Physical health examinations (routine, sports, college)
- Diagnosis and treatment of minor injuries and acute illness
- Preventive health guidance/education
- Immunizations
- EPSDT screenings (Early and Periodic Screening, Diagnosis, and Treatment Program)
- Laboratory tests
- Medications
- Chronic illness management
- Referrals
- Gynecologic examinations
- Family planning services
- Diagnosis and treatment of sexually transmitted diseases
- Prenatal care (on-site or referral)
- Contraceptive dispensing (on-site)
- Pediatric care for infants of adolescents
- Dental services
- Acute care services for staff
- Support groups for health issues (eating disorders, chronic diseases, smoking cessation)

Suggested List of Possible Counseling/Education Services

- Health education
- Nutritional education
- Pregnancy counseling
- Mental health and psychosocial counseling
- Sexuality counseling
- Weight-reduction programs
- Sex education in a classroom setting
- Substance abuse assessment programs
- Parenting education
- Family counseling
- Job counseling
- Referral to local provider
- Group support for behavioral health issues (grieving, substance abuse)

Center Space:

Site Selection

The center's location needs to be convenient and centrally located to minimize barriers to available health care services for the students. The center space must be adequate in size to provide sufficient room for a waiting area and privacy for physical examinations and private counseling. Additionally, there needs to be space for laboratory services, equipment, secure storage for supplies and placement of records.

Center Floor Plan

Appendix I is an example of a floor plan for a SBHC. It is designed for 2600 gross square feet of space to serve a school population of 4000. The floor plan may be modified to fit a smaller center location and student population.

VII. LEGAL ISSUES

In organizing a school-based health center, it is essential to have good legal advice. There are three areas of concern regarding legal issues:

1) Consent for center services
2) Confidentiality
3) Liability

Consent for Center Services:

All SBHCs require some form of parental consent. Most SBHCs send out a generic, nonspecific, blanket permission form at the beginning of each school year which all parents are encouraged to sign. Four models of parental consent are listed below.

A consent form lists all services provided by the center with either:

1) A parental signature indicating permission for the student to receive any service listed.
2) A place where the parent may check off or list those services which they give permission for the student to receive; a parent's signature is treated as permission for the student to receive those services.
3) A place where the parent may check off or list those services which they do not want the student to receive; a parent's signature is treated as permission for the student to receive any other services.
4) A notice that under State law, minors are legally authorized to give their own consent for certain services. These include: mental, emotional, alcohol or drug problems, requests for diagnosis and treatment of sexually transmitted diseases, and family planning services. The parent's signature is required for all other services.

Confidentiality:

Confidentiality is essential in maintaining credibility and encouraging utilization of the center by the students. Confidentiality is not absolute and reporting certain conditions (i.e., child abuse) may be mandated by law. School health records containing information on a student's immunizations, vision and hearing tests are separate from the student's school-based health center record. The school health record is available to parents on request. It is necessary to be familiar with State laws and develop clear protocols for handling confidential information. A confidentiality policy is suggested for:

1) Parents
2) School staff
3) Other students
4) Center team members
5) Primary care provider
6) Outside agencies

Parents

A parental consent form provides that services may be obtained by the student. In addition, the Maine Minor Consent Law (See Appendix E) states that minors may legally seek confidential services for the diagnosis and treatment of illness/conditions related to:

- Mental and emotional problems
- Drug and alcohol abuse
- Sexually transmitted diseases
- Family planning services

19 MRSAc.18 "Consent of Minors for Health Services" provides for minor consent if minor is living separately and independently for at least 60 days. See Appendix E.

School Staff

Center records are considered medical records belonging to the medical administrative organization, accessible only to center staff and governed by laws and ethical principles. There is no mandate to share any information except matters specified by law (i.e., child abuse, Maine Statute Title 22, §4001-4023). Networking with school staff for referrals, participation on school committees and sharing general information on a "need to know" basis is essential to providing the student with comprehensive health care.

School staff may know if a student is in the center but center staff members do not share reasons for visit or service offered without consent. Use of a school hall pass system to be excused from classes and student signed time sheets will document the student's whereabouts and protects the center from being used or accused of keeping students out of class excessively.

Other Students
The negative side of a SBHC is the high visibility of students seeing others in the center. They may ask or assume reasons for other students' visits. It is imperative that center staff protect each student's confidentiality.

Center Team Members
Students should be told of the interdisciplinary nature of the center. This implies the sharing of information presented by the student with other team members. Requests for confidentiality from other team members should be handled on an individual basis.

Outside Agencies
Written permission from the student is needed to release information from the chart. The exception is mandated reporting of child abuse. Informal networking may occur if the student is aware and gives verbal or written permission.

Liability:

Clear, consistent policies and procedures are critical to minimizing liability. Legal counsel is important in developing a risk management plan. Insurance coverage for professional liability for all staff and volunteers and malpractice for all physicians and nurses is essential.

As an example, the possible bases of liability against the SBHC staff include:
- Failure to obtain consent or informed consent.
- Unauthorized disclosure of confidential information.
- Unjustified failure to disclose information under legal compulsion.
- Negligence in providing treatment, failure to provide appropriate treatment or referral to an allegedly incompetent provider of services.

The following is a list of policies which are suggested as a priority for development:
- Parental consent
- Minor's consent
- Disclosure of confidential communications
- Release of clinic records
- Exchange of information with school staff and outside agencies
- Reporting requirements for child abuse
- Sexually transmitted diseases
- Services related to AIDS and HIV infection

VIII. DATA COLLECTION, QUALITY ASSURANCE AND EVALUATION

Data Collection

Comprehensive data collection is necessary to meet the need for accountability, aggregate reporting to the public and research of the effectiveness of center services. A school-based health center data base is developed to:

1) manage and assess the organization of the SBHC
2) monitor and adapt services to meet student health needs
3) document and monitor provider activities
4) conduct outcome evaluation
5) assist with follow-up as part of a quality assurance program
6) meet reporting requirements of funding sources
7) establish data sets for research

See Appendix M for needs assessment data collection guidelines for SBHCs.

The major components of a data system are:

Baseline data
This consists of an anonymous survey questionnaire containing questions regarding health care needs and is filled out by all students. It may also include a risk-assessment survey.

Student intake form
Basic intake information completed by the student when (s)he comes to the center as a client. The form asks age, address, telephone number, health care provider, health insurance (if any), referring agency or person.

Student health history intake - A health history of the student containing personal and family health history. Other behavioral and risk assessment questions are also included in this intake.

Student health care record
A record containing the student's health history and all contacts with the student for services obtained at the center.

Daily clinic log
A daily list of services received by students. This log can be data entered in a computer for periodic reports of clinic service activities.

When a data collection model is developed, the following questions may be helpful:

1) Who is responsible for data collection and data entry?
2) What methodology will be used?

3) How should data be reported and how often?
4) Are the outcomes for the data measurable?

The system developed by David Kaplan, "School Health Care--Online!!!" was designed as a management information tool for school-based health centers.

Quality Improvement:

Quality assurance activities consist of established policies and protocols for center services, periodic reviews of chart records for consent forms, signatures and adherence to protocols, and topical chart audits. Clinic review for adherence to CLIA and OSHA regulations and student and parent satisfaction surveys are both part of a good quality improvement plan.

Evaluation and Research:

Evaluating and researching the impact of SBHCs is necessary to measure the effects of the center on the health of the students and assess the costs and benefits of different approaches to service delivery. Measurable outcomes are valuable in assessing a center's effects on the health status of students. The following table provides a list of outcomes for the purpose of evaluation and research of a school-based health center. State level data are available through the Maine Youth Risk Behavior Survey conducted by the Maine Department of Education.

Table 1

MAINE SBHC TABLE OF INDICATORS 1996-1997

DOMAINS → / INDICATORS ↓	PHYSICAL HEALTH	MENTAL HEALTH	SBHC SYSTEM LEVEL	INSTRUMENT / MEASURE
CLIENT INFORMATION DATA			PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
CLIENT STATUS DATA	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
CPT CODES / COST OF SERVICE	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
CHIEF COMPLAINT	OUTCOME LEVEL	OUTCOME LEVEL	OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
DCFH PROGRAM CODE	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
DCFH PROGRAM STATUS	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
DIAGNOSIS, ICD 9 CODES: PRIMARY SECONDARY TERTIARY	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
INSURANCE INFORMATION / MEDICAL HOME INFO	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!!
# OF STUDENTS PLACED IN MEDICAL HOME	PROCESS & OUTCOME LEVEL		PROCESS & OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!! (?)
# OF STUDENTS MANAGED W/CHRONIC ILLNESS	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!! (?)
# OF STUDENTS SERVED W/NEWLY DIAGNOSED, PREVIOUSLY UNTREATED CONDITION IN PAST 12 MONTHS	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!! * CREATE A FOURTH CODE, ICD 9, THAT SAYS IT IS NEW

DOMAINS → / INDICATORS ↓	PHYSICAL HEALTH	MENTAL HEALTH	SBHC SYSTEM LEVEL	INSTRUMENT / MEASURE
COLLABORATION W/OTHER SCHOOL & COMNTY. PROVIDERS			PROCESS & OUTCOME LEVEL	DOCUMENTATION THRU THE *SBHC NARRATIVE REPORT TO DHS*
% TARGET POPULATIONS AWARE OF SBHC SERVICES			PROCESS & OUTCOME LEVEL	SBHC STAFF ASSESS LOCAL POPULATIONS - SURVEY; REPORT TO DHS
INTEGRATION W/OTHER IN-SCHOOL SERVICES			PROCESS & OUTCOME LEVEL	SBHC STAFF DOCUMENT INTEGRATION - SURVEY; REPORT TO DHS
PERCEPTIONS OF INCREASED ACCESS TO SERVICES	OUTCOME LEVEL	OUTCOME LEVEL	OUTCOME LEVEL	SBHC STAFF ASSESS LOCAL POPULATIONS - SATISFACTION SURVEY; REPORT TO DHS
PERCEPTIONS OF ASSISTANCE RCV'D FOR SUB. ABUSE PROBLEMS	OUTCOME LEVEL	OUTCOME LEVEL	OUTCOME LEVEL	SBHC STAFF ASSESS LOCAL POPULATIONS - SATISFACTION SURVEYS; REPORT TO DHS
PERCEPTION OF ↑ ACCESS TO MENTAL HEALTH SERVICES		OUTCOME LEVEL	OUTCOME LEVEL	SBHC STAFF ASSESS - SATISFACTION SURVEY; REPORT TO DHS
↑ TYPES OF MENTAL HEALTH SERVICES		PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	SBHC STAFF ASSESS AND DOCUMENT; COMMNTY. RECORDS (?) ; REPORT TO DHS
↓ E.R. VISITS FOR SBHC STUDENTS W/CHRONIC HEALTH PROBLEMS	OUTCOME LEVEL	OUTCOME LEVEL	OUTCOME LEVEL	SBHC STAFF ASSESS AND DOCUMENT; COMMNTY. RECORDS (?) ; REPORT TO DHS
↓ # OF DAYS ABSENT FOR THOSE WHO ARE CHRONICALLY ABSENT FOR STUDENTS SERVED AT SBHC	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	SCHOOL RECORDS; SBHC RECORDS; REPORT TO DHS
% OF STUDENTS AND FAMILY SATISFIED W/SERVICES	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	*SBHC CLIENT SATISFACTION SURVEY*
# OF STUDENTS/FAMILY REFERRED TO M.H. SERVICES; - PROVIDED AT SBHC - PROVIDED OFF SITE OF SBHC		PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!! (?)

DOMAINS → / INDICATORS ↓	PHYSICAL HEALTH	MENTAL HEALTH	SBHC SYSTEM LEVEL	INSTRUMENT / MEASURE
# OF STUDENTS/FAMILY COMPLETED REFERRAL TO M.H. SERVICES W/IN 3 MONTHS		PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!! (?)
NUMBERS OF STUDENT POPULATION ENROLLED IN SBHC			PROCESS & OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!! (?)
# OF STUDENTS REFERRED TO OTHER CARE PROVIDERS; - MENTAL HEALTH - MEDICAL	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	PROCESS & OUTCOME LEVEL	UNIVERSAL DATA ITEMS - SHO !!! (?)
# OF DAYS ABSENT FOR STUDENTS W/CHRONIC HEALTH PROBLEMS	PROCESS LEVEL	PROCESS LEVEL	PROCESS LEVEL	UNIVERSAL DATA ITEMS - SHO !!! , SCHOOL RECORDS

IX. APPENDIXES

		Page
APPENDIX A	Suggested Membership of the Council	21
APPENDIX B	Role of a Consultant or Coordinator	22
APPENDIX C	Job Descriptions and Qualifications	23
APPENDIX D	Maine Statute on Consent of Minors for Health Services	28
APPENDIX E	Is Your School and Community Ready to Support a SBHC?	31
APPENDIX F	The Facts: Legal Issues and School-Based Clinics	32
APPENDIX G	Time-Line Example for Setting Up a SBHC	33
APPENDIX H	Center Floor Plan	34
APPENDIX I	The Maine Experience with SBHCs	35
APPENDIX J	Needs Assessment Data Collection Guidelines for SBHCs	36

APPENDIX A

Suggested Membership of the Council:

Consumer And Provider Groups
- Students
- Parents
- Children and youth serving provider organization
- Health care providers (individual, agency, institution)

Professionals With Special Skills
- Physician group
- Finance and accounting
- Legal
- Grant writing
- Evaluation

Community Groups With Clout
- Churches
- Service organizations
- Youth organizations
- Parent groups
- Special interest groups
- Media (local paper, radio, television station)
- Political (local, state)

School Administration
- School board members
- Superintendent
- School principal
- School district legal council
- Director of athletics
- Special Education Director

School Staff
- School nurse
- Health education staff
- Guidance counselors
- Substance abuse workers
- Social workers
- Teachers

Others-
- Area business groups who employ teens
- Community leaders

APPENDIX B

Role of a Consultant or Coordinator

The consultant or coordinator can be the stabilizing factor in the Council. (S)he provides continuity and a perspective during the planning and implementation stages. By providing this global perspective of issues, the consultant or coordinator keeps the planning moving forward toward the goal and prevents the Council from becoming bogged down in side issues.

Specifically the consultant or coordinator role is:

* Assist the Council in focusing on and developing goal(s) for the planning effort.
* Maintain the overall perspective dictated by the goals throughout the planning and implementation effort.
* Develop the timetable and work flow chart.
* Conduct research as required.
* Organize and participate in information sharing meetings with the public.
* Seek funding sources.
* Prepare proposal and application for funding.
* Work with the media.

APPENDIX C

Job Descriptions and Qualifications

Nurse Practitioner Job Description

The nurse practitioner is a registered professional nurse prepared in a formal educational program to assume an advanced role in providing health care services. This practice builds on previous knowledge, and skills and utilizes indepth knowledge of physical assessment and management of client health care needs. The nurse practitioner works collaboratively with other health care professionals such as physicians and social workers.

Duties and responsibilities:

* Working collaboratively with a physician, the nurse practitioner will carry out the major responsibility for the student's health care needs including evaluation, management and follow-up.

Desirable knowledge, skills, and abilities:

* Extensive knowledge of current health care needs and issues of school-age children and adolescents.
* Ability to work collaboratively with the health care team.
* Ability to collect adequate client data, conduct a physical exam, interpret physical findings and manage or refer the student as conditions or protocols dictate.
* Ability to work effectively with individuals or groups in a teaching situation.
* Ability to design and conduct research.

Minimum qualifications:

* Certified as a nurse practitioner.
* Holds current licensure as a registered nurse in the State of Maine.

Clinic Director Job Description

Duties and responsibilities:

* Responsible for overall operations of the center including personnel, policies, protocols, and budget.

* Liaison with school staff and community advisory council.

Desirable knowledge, skills, and abilities:

* Knowledge of center services.

* Ability to establish a leadership role and supervisory support to staff.

* Ability to shape program design, policy, implementation and evaluation.

* Ability to write narrative sections for reports and grants.

Minimum qualifications:

* Strong background in clinical services and/or public health administration.

Physician Consultant Job Description

Duties and responsibilities:

* Advocate for the center at the community level.
* Provides the medical "back up" to the nurse practitioner.
* Visits the center on a regular basis for specific appointments with students whose medical needs require a physician's care.
* Reviews and signs charts; as appropriate, develops/appraises protocols in collaboration with the center staff.
* Available by phone during all clinic hours.

Desirable knowledge, skills and abilities:

* Extensive knowledge of current health care needs and issues of school-age children and adolescents.
* Ability to work collaboratively with the health care team.
* Ability to collect adequate client data, conduct a physical exam, interpret physical findings and manage or refer the student as conditions or protocols dictate.
* Ability to work effectively with individuals or groups in a teaching situation.
* Ability to design and conduct research.

Minimum qualifications:

* Licensed to practice medicine in the State of Maine.
* Local hospital affiliation.

Behavioral Health Specialist Job Description

Duties and responsibilities:

* Responsible for providing counseling to students and/or families, individually or through groups.

Desirable knowledge, skills, and abilities:

* Ability to work cooperatively with staff, students, and parents.
* Ability to effectively assess the social and emotional needs of students.
* Ability to coordinate social work services and student referrals between the center and other agencies.
* Ability to provide crisis intervention social work as the need arises.

Minimum qualifications:

* Masters degree in social work or psychology, and two years experience in a social service/mental health agency.

Medical Assistant Job Description

Duties and responsibilities:

* Under the supervision of the nurse practitioner, the medical assistant assists the health care professionals by performing designated activities and duties related to diagnosis, treatment and general health status of the students.

Desirable knowledge, skills and abilities:

* Knowledge of clinical functions, basic client care, routine medical, physical and developmental tests.
* Knowledge of nursing and medical terminology.
* Ability to interview students to obtain health histories and to provide health care information.
* Ability to keep records, compile data and prepare reports.
* Ability to administer emergency treatment.
* Ability to communicate effectively with students, parents and staff.

Minimum qualifications:

* High school graduation and completion of an accredited Medical Assistant Program. Medical Assistant Certification would be desirable.

APPENDIX D

Maine Statute on Consent of Minors for Health Services

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-NINE

H.P. 828 - L.D. 1160

An Act to Provide for Consent of
Minors to Health Services

Be it enacted by the People of the State of Maine as follows:

19 MRSA c.18 is enacted to read:

CHAPTER 18

CONSENT OF MINORS FOR HEALTH SERVICES

§901. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Health care practitioner. "Health care practitioner" has the same meaning as set forth in Title 24, section 2502, subsection 1-A.

2. Health care provider. "Health care provider" has the same meaning as set forth in Title 24, section 2502, subsection 2.

3. Minor. "Minor" means any person under 18 years of age.

§902. Consent

In addition to the ability to consent for treatment of health services as provided in Title 22, sections 1823 and 1908 and Title 32, sections 2595, 3292, 3817, 6221 and 7004, any minor may consent to treatment for abuse of alcohol or drugs or for emotional or psychological problems.

§903. Authority

1-1381(3)

A minor may give consent to all medical, mental, dental and other health counseling and services if the minor:

1. Living separately; independent of parental support. Has been living separately from parents or legal guardians for at least 60 days and is independent of parental support;

2. Married. Is or was legally married;

3. Armed Forces. Is or was a member of the Armed Forces of the United States; or

4. Emancipated. Has been emancipated by the court pursuant to Title 15, section 3506-A.

§904. Good faith reliance on consent

Any health care practitioner or health care provider who takes reasonable steps to ascertain that a minor is authorized to consent to health treatment as authorized in section 903 and who subsequently renders treatment in reliance on that consent shall not be liable for failing to have secured consent of the minor's parent or guardian prior to providing health care services to the minor.

§905. Confidentiality; notification

1. Confidentiality. Except as otherwise provided by law, any minor who may consent to health care services, as provided in this chapter or by other provision of law, shall be entitled to the same confidentiality afforded to adults.

2. Parental notification. A health care practitioner or health care provider may notify the parent or guardian of a minor who has sought health care under this chapter if, in the judgment of the practitioner or provider, failure to inform the parent or guardian would seriously jeopardize the health of the minor or would seriously limit the practitioner's or provider's ability to provide treatment.

§906. Financial responsibility

Unless the parent or guardian expressly agrees to assume full or partial responsibility, any minor who consents to health care services as provided in this chapter shall be responsible for the costs of those services. No minor may be denied benefits or services to which the minor is entitled from a health care practitioner, health care provider, insurer or public agency because the minor has given the consent for those services as provided in this chapter.

In House of Representatives, ... 1989

Read twice and passed to be enacted.

. . . . . .Speaker

In Senate, ...1989

Read twice and passed to be enacted.

. . . . . .President

Approved 1989

. . . . . Governor

3-1381(3)

APPENDIX E

Is Your School and Community Ready to Support a School-Based Health Center?

School-Based Health Care Centers - Key Indicator Questions:

* Make-up of School Board
* Superintendent's support
* Principal's support
* Other key school personnel support
* Make-up of the Community Advisory Council (if applicable)
* Indicators of health education already established in school:
  - Comprehensive school health education
  - HIV education
  - Sexuality education
* Political Environment
  - Local
  - School district
  - State
* Support from local health care providers
* History of dealing with controversial issues: How did the key players handle the situation, etc.?
* How have you addressed student needs? Surveys, etc.
* Religious leadership in the community

Second Tier Issues

* School-based vs. school-linked health care center
* Program design issues: Summer hours, links with other providers, etc.

The Facts

APPENDIX

Legal issues and school-based clinics *

School-based clinics (SBCs) are comprehensive, primary health care facilities located within or on the grounds of middle, junior or senior high schools; they address the special health and social services needs of adolescents. As of December 1988, there were more than 150 clinic sites in 30 states across the U.S.

SBCs: the legal framework

Fifteen states have seen recent executive and legislative action specifically related to the school-based health clinic model. (See box, below, for list.) For example, some have enacted laws funding clinics and laws limiting certain clinic activities. The broad legal framework which governs direct service delivery within a school-based clinic includes such state actions, as well as state and federal statutes, constitutional provisions, court decisions, and restrictions imposed by the clinics' funders. Within this complex framework, each school-based clinic must address the particularly sensitive issues of consent, confidentiality, and liability.

Consent

Consent, in legal parlance, refers to permission given by a patient or a patient's representative. For the health care of a minor, i.e., a person who has not yet reached the age of majority (usually 18 years), the law generally requires parental consent or alternative authorization, such as a court order. There are, however, numerous legal exceptions that permit minors to consent to their own care. Nevertheless, all SBCs require some form of parental consent to involve parents in their children's health care and protect clinics from liability.

States with recent executive and legislative action on school-based clinics

Arkansas	Colorado	Connecticut
Georgia	Illinois	Maine
Maryland	Michigan	New Jersey
New York	N. Carolina	Oregon
Rhode Island	Tennessee	Washington

"Informed consent"

In certain situations involving complex procedures or treatments, an "informed consent" may be required. The medical-legal concept of "informed consent" is different from "consent." Informed consent refers to the consent which is given to the health care provider following explicit dialogue about the risks and benefits of a specific, proposed treatment. Any health care provider must determine, according to local law, what procedures require a patient's informed consent.

Consent by certain minors

Some states, based on statutes and court decisions, specifically permit one or more of the following groups of minors to give their own consent for all medical care:

- minors of a certain age (often 15 and over);
- minors who are pregnant;
- minors who are parents;
- emancipated minors — traditionally, minors who are either married, serving in the armed forces, or living apart from their parents and managing their own finances; and
- "mature minors" — minors who are sufficiently intelligent and mature to appreciate the benefits and risks of any proposed treatment.

Obvious overlap exists among these various legal concepts. However, the basic premise is that, by virtue of their independence from parental control, certain minors can give consent for their own care.

Consent by minors for certain services

The state and federal legal framework governing health care services to minors identifies some areas where minors have specific consent rights.

- Every state has laws permitting minors to give their own consent for certain services. For instance, minors in nearly half the states have the explicit right to give their own consent for contraceptive care.
- Parental consent cannot be required for family planning services provided under three federal funding statutes: Title X of the Public Health Service Act, Medicaid, or Aid to Families with Dependent Children.
- In addition, the Supreme Court and other courts have established constitutional protection derived from the right to privacy for a minor's right to consent to contraceptive services.
- Minors in virtually every state have either an implicit or explicit right to give their own consent for contraceptive care. Other services for which most states authorize minors to give their own consent include: treatment of sexually transmitted diseases or other contagious diseases, pregnancy-related care, treatment of drug or alcohol problems, and mental health counseling.

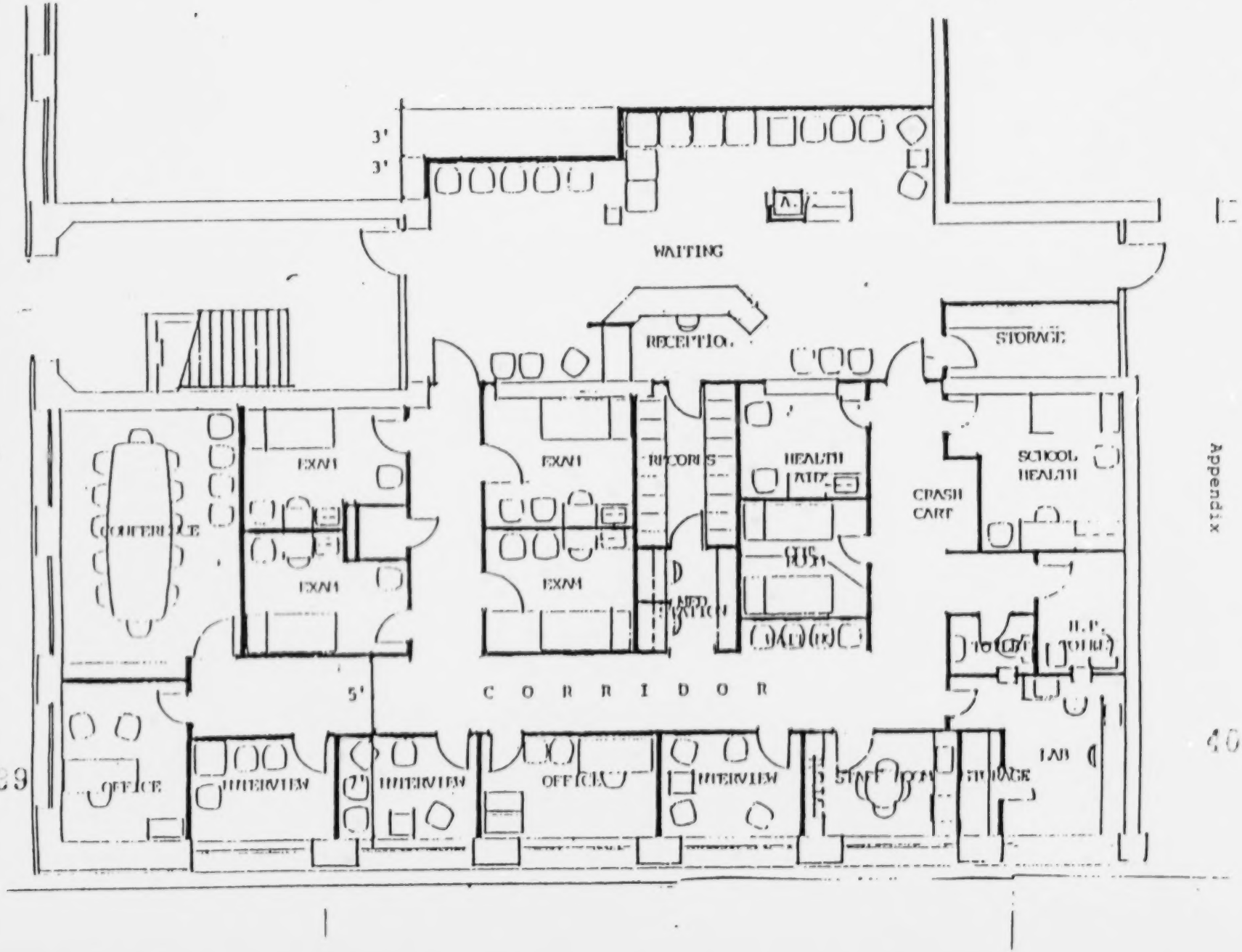
Consent and school-based clinics

- While parental permission is routinely required for children's participation in various school activities, parental authority to control their children's health is considered a separate legal issue. Nevertheless, all existing school-based clinic programs currently require some form of parental consent. This practice serves both to achieve the goal of involving parents in their children's health care and to protect school-based clinics from liability for damages.
- It is unclear whether a school-based clinic may insist upon parental consent if the clinic is legally authorized to provide services based on the minor's own consent. However, as a practical matter, the issue of parental consent presents no problem for most school-based clinics, since only a very small percentage of parents ever withholds consent for specific services.

Center for Population Options

BEST COPY AVAILABLE

	January	February	March	April	May	June
A. Hire Administrator	1/1-1/15					
B. Data Collection						
1. Develop student survey	1/15-2/1					
2. Administer survey		2/1-2/20				
3. Supervise data analysis			3/1-3/31			
4. Write summary data				4/1-4/30		
C. Collaborating Agency Staff						
1. Orientation	1/15-2/1					
2. Development ed. plans & materials	1/15-2/20					
3. Classroom & Assembly presentations w. flex--time for pt. contact	2/24-6/20					
D. Clinic Procedures						
1. Develop protocols				4/-4/30		
2. Develop intake & encounter forms				4/1-4/30		
3. Develop statistics system			3/1-3/31			
4. Develop intraclinic referral & feedback system			3/1-3/31			
E. Physical Plant and Equipment						
1. Hire architect	1/1-1/15					
2. Identify space, work w. school, architect, & hospital on design.	1/15-6/20					
3. Obtain DON waiver	1/15-2/20					
4. Develop equipment & supplies needs & inkind contribution list					5/1-5/30	
5. Renovation						6/
F. Budget/Fundraising						
1. Develop fundraising plan		2/1-2/20				
2. Develop 86-87 FY budget			2/24-3/15			
3. Respond to relevant RFP's	on-going					
4. Develop billing system						
G. Systems						
1. On-going CRLS Clinic Task Force						
2. On-going CRLS Health Curriculum Advisory	On-going					
3. Bi-weekly staff mtgs.						
H. Outreach						
1. Meet w. CRLS Parents Advisory Group				4/1-4/30	5/1-5/30	
2. Mailing CRLS Parents				4/1-4/30		
3. Meet w. grammar school parent liaisons & PnPs						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Appendix

APPENDIX I

The Maine Experience with School-Based Health Centers

In 1995, six school-based health centers, one school-linked center located adjacent to school grounds, and one expanded school health service exist in the State of Maine. They are:

Name	Location	Student Population
Bonny Eagle High School	Standish, Maine	628
Hampden Academy*	Hampden, Maine	685
Lubec (K-12)	Lubec, Maine	358
Foxcroft Academy	Dover-Foxcroft, Maine	790
Portland High School	Portland, Maine	1,032
Deering High School	Portland, Maine	1,003
Leavitt High School	Turner, Maine	925
Lewiston High School & Reg. Tech. Ctr.	Lewiston, Maine	2,020
Maranacook Community School	Readfield, Maine	700
Fort Kent Community School	Fort Kent, Maine	474
Lincoln Academy	Newcastle, Maine	809

* Expanded school services

Sponsoring Agencies:

Name	Sponsoring Agency
Bonny Eagle High School	School
Hampden Academy	School
Foxcroft Academy	School
Lubec	Regional Medical Center at Lubec
Portland High School	Portland City Health Department
Leavitt High School	DFD Russell Medical Center
Lewiston High School & Regional Technical Ctr.	School
Maranacook Community School	School

Major Funding Source:

Name	Funding Source
Bonny Eagle High School	School
Hampden Academy	School
Foxcroft Academy	School and Medicaid
Lubec	Federal DHHS
Portland	City of Portland
Leavitt High School	State Funding
Lewiston High School & Regional Technical Ctr.	State Funding
Maranacook Community School	State Funding

The average operating costs of School-Based Health Centers in Maine is $50,000.

APPENDIX J

Needs Assessment Data Collection Guidelines for School-Based Health Centers

Health Status Indicators

- The prevalence of chronic illness among students (e.g., asthma, diabetes, etc.)
- Tobacco use data
- Alcohol use data
- School pregnancy rates (including birth rates)
- Sexually transmitted disease rates
- Unintentional injury data
- Seat belt use data
- Any data on abuse issues (e.g., rape, incest)

Socioeconomic Indicators

- Poverty status (e.g., number of students eligible for free lunch, etc.)
- Number of single parent families
- Average years of education of parents
- Level of health insurance of students
- Number of Medicaid insured students
- Regional unemployment data

Health Service Indicators

- Number of health care providers in the area
- Any information on the utilization of these providers
- Regional issues regarding access (e.g., hours, distance)

Data Related to the Target Population

- School drop-out rate
- School drop-out rate related to teen pregnancy and parenting
- General academic standing of students (e.g., number that go on to college)
- Data on missed school days related to illness
- Any data on the level of sexual activity among students

X. RESOURCE LIST

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For more information, contact the MEDLINE website and search for school-based health center information.

Angus S. King, Jr., Governor
Kevin W. Concannon, Commissioner

Compliments of:
Department of Human Services
Division of Community & Family Health
Bureau of Health
151 Capitol Street
Augusta, Maine 04333-0011
Phone: 287-3311 or toll-free 1-800-437-9300

APPROPRIATION: 015 10A 2018 012

NON-DISCRIMINATION NOTICE

In accordance with Title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Restoration Act of 1991 (42 U.S.C. § 1981, 2000e et seq.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101 et seq.), Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), and Title IX of the Education Amendments of 1972, the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities.

Ann Twombly, Affirmative Action Coordinator, has been designated to coordinate our efforts to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80, 84, and 91) and the U.S. Department of Education regulations (34 C.F.R. Part 106) implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, Maine 04333, Telephone number: (207) 287-3488 (Voice) or 1-800-332-1003 (TDD), or the Assistant Secretary of the Office of Civil Rights, Washington, D.C.